

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # N21592 (3)

1. Corporation Name

DENNIS K. MULLIGAN SCHOLARSHIP FUND, INC.

Principal Place of Business

C/O LINDA SHREWSBURY, ESE
7227 LAND O LAKES BLVD
LAND O LAKES FL 34639
US

Mailing Address

7227 LAND O LAKES
ESE DEPT
LAND O LAKES FL 34639
US



3. Date Incorporated or Qualified
07/16/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3077762

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHREWSBURY, LINDA B.
7227 LAND O LAKES BLVD
LAND O LAKES FL 34639

81 Name
Michelle K. Roman
82 Street Address (P.O. Box Number is Not Acceptable)
7227 Land O Lakes Blvd.
83 Land O Lakes, FL 34639
84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michelle K. Roman 05/29/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHREWSBURY, LINDA B.
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE VD
NAME BECKER, G. MORGAN
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL ☒ DELETE

TITLE STD
NAME SMITH, STACY
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL ☒ DELETE

TITLE D
NAME PANTRIDGE, OMA M.
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LUTZ FL ☐ DELETE

TITLE D
NAME BERRY, SONIA
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle K. Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ROMAN, MICHELLE K.
1.3 STREET ADDRESS 7227 Land O Lakes Blvd.
1.4 CITY-ST-ZIP Land O Lakes, FL 34639 ☒ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Shrewsbury, Linda B.
2.3 STREET ADDRESS 7227 Land O Lakes Blvd
2.4 CITY-ST-ZIP Land O Lakes, FL 34639 ☒ Change ☐ Addition

3.1 TITLE STD
3.2 NAME Berry, Sonia
3.3 STREET ADDRESS 7227 Land O Lakes, Blvd
3.4 CITY-ST-ZIP Land O Lakes, FL 34639 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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05/13/96

(313)929-2629

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